

SHORTFALL REFUND REQUEST

DATE _____

SEND TO:

**PERSONNEL CABINET
FINANCIAL MANAGEMENT BRANCH
501 HIGH STREET, 2ND FLOOR
FRANKFORT, KY 40601**

LAST NAME FIRST NAME MIDDLE INITIAL	SSN	COMPANY NUMBER	FOR MONTH OF	JV TO THE FOLLOWING:				
				AGENCY	ORG	PBU	FUND	ACTIVITY

RETURN CHECK TO

NAME:	
CABINET/DEPARTMENT:	
ADDRESS:	
TELEPHONE NUMBER:	